PTO/SERUS (US-C)
Approved for use through 7/31/2006, CMB 0651-603

Unc	for the Peperwor	h Reduction Act of	1995, no	persons are requ	red to respond	to s	collection of Infi	redement Officernation units	etqetb fi er	EPARTMENT OF STATE ON STATE OF STATE ON STATE ON STATE ON STATE ON STATE OF	F COMMERCE control number
	PAT	ENT APPLIC		FEE DETE)N	RECORD		Applicat	THE	148Z
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL 6	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR			MUNISER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (J7 CFR 1.18(e))								8	OR		-
TOTAL CLAIMS (37 CFR 1.16(d)			minus 80 +		•		× 4'		OR	x s=	
DEPENDENT CLAIMS (37 CFR 1.18(b))		IS	minus 3 =		•		x a		OR	x a•	
MILITIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.18(4))							+3		QR	+ 6	
. # 4	e Ofference in c	olumn 1 is less tha	n zaro, en	ser 'O' la column		TOTAL		OR	TOTAL		
/ CLAIMS AS AMENDED - PART II											
(2-1200 (Column 1) (Column 2) (Column 3)					SMALL E	-NTITY	OR		THAN	
∢		CLAIMS		HIGHEST	PRESENT	1			ŀ	SMALL	
		REMAINING APTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	ľ	RATE	ADDI- TIONAL FEE	/	RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 GFA L18548	25	Winus	-30	•	V	× .	1	OR	×.	
	Independent QI (FR 1 TRUS		Minus	- ¢	• /	1	× 8 •		OR	**	
Z	FIRST PRESENT	ATION OF MULTIPU	E GENEVA		R 1.1540)	1			OR	10	
						•	TOTAL ADOLFEE		OR	TOTAL ADDIL FEE	·
		(Column 1)				•					
M B	ulaakti	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL · FEE
뾝	Cotal Lacos	.گد	Minus	- 30	- /	1	x 8	,	OR.	× 8	
AMENDMENT	to ora r squ)	. (Minus	- 6	• /	1	×	7	OR	23	7
₹	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GF CFR 1.1860)					1	+1•	/	OR	+1•	7
						•	YOYAL ADO'L FEE		OR	YOTAL ADD'L FEE	/
	•	(Caturan 1)		(Column 2)	(Column 3)	_				·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE /		RATE	ADOI- TIONAL FEE
	Total prom cress)	21	Minus	- 30	- /	1	x s=	/	OR	x 4*	7
	(3) GFB L WDAD	.5	Minus	· (a	•/	1	* 1		OR.	× 8	
¥	FRET PRESENTATION OF MALTIPLE DEPENDENT CLAIM (07 CFR 1,1603)						+ 5	7	OR	+ 6	/
							YOTAL ADO'L FEE	V	όR	TOTAL ADD'L FEE	V
•	" If the "Highest i	olumn 1 is tess that Number Previously tumber Previously	Pads For	IN THIS SPACE	is less than 20	i, en				/	• .

"If the Teighest Number Previously Peid For (IN THIS SPACE is less than 3, enter "7.

The Teighest Number Previously Peid For (Total or Independent) is the highest number bound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. This information is required to obtain or estain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiatity is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, instuding gallanting, preparing, and administip the completed application forms to the USPTO. Then will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Critic Internation officer, U.S. Preparing and Tradement Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [--TOTAL CLAIMS OR SMALL ENTITY RATE FEE RATE FOR FEE NUMBER FILED NUMBER EXTRA BASIC FEE 150.00 BASIC FEE OR 300.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 25= OR X\$50= INDEPENDENT CLAIMS minus 3 = X100= MULTIPLE DEPENDENT CLAIM PRESENT X200= OR +180± * If the difference in column 1 is less than zero, enter *0* in column 2 OR +360= TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY OR HIGHEST Þ REMAINING NUMBER ADDI-AMENDMENT PRESENT ADDI-**AFTER** PREVIOUSLY RATE TIONAL EXTRA RATE AMENDMENT TIONAL PAID FOR FEE FEE Total Minus 90 X\$ 25= X\$50= Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200= OR +180= +360= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-品 PRESENT ADDI-AFTER AMENDMENT PREVIOUSLY RATE EXTRA TIONAL RATE TIONAL PAID FOR FEE FEE Total Minus X\$ 25= X\$50= PIO Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200= OR +180= +360= OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHES REMAINING NUMBER ADDI-PRESENT ADDI: AFTER PREVIOUSLY EXTRA RATE TIONAL AMENDMENT RATE TIONAL PAID FOR FEE: Total FEE Minus -X\$-25= X\$50= OH Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200= OR +180= +360= If the entry in column 1 is less than the entry in column 2, write "0" in column 3. OR * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. ADDIT. FEE FORM PTO-878 (Rev. 10/04)

Application or Docket Number